## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000079973

1. Corporation Name

PORTOFINO APARTMENTS, INC.

Principal Place of Business

Mailing Address

209 SOUTH HOWARD AVENUE TAMPA FL 33606

209 SOUTH HOWARD AVENUE

TAMPA FL 33606

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90030 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

					ļ	3. Date Incorporated or Qualifed 09/15/1998				
2. Principal Pl				4. FEI Number	Ap	plied For				
21	0. 200000	2a. Mailing Address				59-3533828		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					[]	\$8.75		
22			<u> </u>			_5_Certificate of Status Desired		Fee Re	quired	
City & State City & State						6. Election Campaign Financing	П	\$5.00		
23	·	28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Countr	ry .	- (	8: This corporation owes the curr				
24 25 29 30  9 Name and Address of Current Registered Agent					Personal Property Tax. Yes No					
	-   .	10. Name and Address of New Registered Agent								
CORPORATION SERVICE COMPANY				I I DONALA L. MUUNO						
1201 HAYS STREET				2 Street A	ddres	s (P.O. Box Number is Not Accepta	ble	_		
TALLAHASSEE FL 32301-2525				3 20	/1	S. Howard	nu			
TALLAI IAGGLE TE GEGOTIEGES				3						
	_		8	4 City	7	ampa		85 Zjp (	ode N/	
		- 1 COT 4500 Florida Chabrida	**		/ 6	otion culpmits this statement for the	Purpose of c	hanging its	registered	
11. Pursuant office or re	to the previsions of Sections 607.0902 egistered agent, or both, in the Stafe o m familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth	ine abo onzed b	ve-named o y the corpor	ration's	s board of directors. I hereby accept	t the appoint	ment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	s.					į	
SIGNATURE	Signature, typed or printed name of registered agant	- della Charlinghia (NOTE: Pe	naistered An	ent signature rec	outred w	hen reinstation)	OATE			
12.	OFFICERS AND		13.	on ognation	4	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	HUGHES, DONALD		1.2 NAME	:						
STREET ADDRESS	209 SOUTH HOWARD AVENUE		1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-	ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	HUGHES, DONALD		2.2 NAME	: )					1	
STREET ADDRESS	209 SOUTH HOWARD AVENUE		2.3 STRE	ET ADDRESS					)	
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY	-ST-ZIP	-	<u> </u>		ه مبر 	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE					Change	Addition	
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STREET ADDRESS			3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	3	<b>-</b>	3.4. CITY					Chang-	- Addition	
TITLE	1	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
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STREET ADDRESS				ET ADDRESS					· ·	
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NAME				ET ADDRESS						
STREET ADDRESS	•		5.4 CITY-						ł	
CITY-ST-ZIP	·	☐ DELETE	6.1 TITLE			<del></del>		☐ Change	Addition	
TITLE			6.2 NAME							
NAME (17.3	2. "我们的"我们"的"我们"。	,		ET ADDRESS		•				
STREET ADURESS	r il labora		6.4 CITY-							
CITY-ST-ZIP	41.61.1 6		0.4 041 14	01740						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 313-258-2343

SIGNATURE:

3-26-99